

HEZ Evaluation and Lessons Learned ASTHO/W.K. Kellogg Foundation Site Visit February 2018

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Aims of the HEZ Evaluation

To assess:

1. overall impact of the HEZ initiative;
2. performance of each individual HEZ;
3. economic impact of each HEZ;
4. participation and experience of residents using the HEZ; and
5. participation and experience of clinical and non-clinical providers working in the HEZ.

HEZ Process Evaluation

Aim 2: To assess the performance of each individual HEZ:

- Document the interventions that were actually delivered in each HEZ
 - Quality (captured via local quantitative and local and JHSPH qualitative data)
 - Productivity (captured via local quantitative data)
 - Capacity
 - Reach

HEZ Capacity: Health Care Delivery Sites

HEZ	Year 1				Year 2	Year 3	Year 4		Total
W. Baltimore Primary Care Access Collaborative	St. Agnes Outpatient (P)	Baltimore Medical System (P, B)	Bon Secours Family Health and Wellness (P)	Total Health Care (P, B, D)					4
Prince George's County HEZ	Gerald Family Care (P)	Greater Baden Medical Services (P, B, D)	Global Vision (P, B)				Family and Medical Counseling (P, B)	Dimensions Specialty Care Center (P)	5
Greater Lexington Park HEZ	Get Connected to Health Mobile Clinic (P, B)	Walden Sierra, Inc. (B)			MedStar St. Mary's Hospital Primary Care Practice and Dental Van (P, B, D)		East Run Medical Center (P, B, D)		5
Competent Care Connections HEZ	Chesapeake Women's Health (P)	Caroline School Based Wellness (P, B)	Dorchester School Based Wellness (P, B)	Mobile Crisis Team (B)	Federalsburg Adult Mental Health Clinic (B)	Choptank Community Health (P, D)			6
Anne Arundel Community Health Partnership	Morris Blum Clinic (P)								1
							TOTAL		21

Legend	
	Expanded Site
	Newly Opened Site
P	Primary Care
B	Behavioral Health
D	Dental

HEZ Capacity: Jobs Added

Number of Jobs Added (Recruited or Retained) by Program Year and HEZ, in FTEs

HEZ	Y1Q4	Y2Q4	Y3Q4	Y4Q4
WCPCAC	30	33	9.8	22.8
PGCHEZ	8.6	17.5	17	21.86
GLP HEZ	12.5	16	16.2	21.2
CCC	24.42	22.97	27.98	29.23
ACHP	4	4	4	4
TOTAL	79.52	93.47	74.98	99.09

Number of Jobs Added (Recruited or Retained) by HEZ and Job Type, in FTEs, as of Y4Q4

HEZ	Licensed Independent Practitioner	Other Licensed or Certified Practitioner	Qualified Employees (CHWs/ Interpreters)	Support Staff	Total as of Y4Q4
WBPCAC	3	16	1	2.8	22.8
PGCHEZ	4.4	4.83	5	7.63	21.86
GLP HEZ	7.5	3.7	3.5	6.5	21.2
CCC	4.3	6.45	3.25	15.23	29.23
ACHP	1	1	0	2	4
TOTAL	20.2	31.98	12.75	34.16	99.09

HEZ Capacity: Recruitment Incentives

Number of Practitioner Income Tax Credit Awards and Amount Granted per Tax Year, by HEZ

- Total of \$326,985 in income tax credits awarded
- 63 awards
- 34 practitioners
- One \$10,000 hiring tax credit awarded
- \$45,000 in hiring bonuses

Tax Year	HEZ	Number of Applicants that Received Final Certification	Amount of Funding Granted
2013	WBPCAC	5	\$26,204.75
	Total	5	\$26,204.75
2014	WBPCAC	11	\$84,006.00
	CCC	9	\$27,190.00
	GLP HEZ	1	\$659.00
	PGCHEZ	0	\$0.00
	Total	21	\$111,855.00
2015	WBPCAC	8	\$66,408.00
	CCC	9	\$32,899.00
	GLP HEZ	1	\$3,567.00
	PGCHEZ	0	\$0.00
	Total	18	\$102,874.00
2016	WBPCAC	8	\$43,381.00
	CCC	8	\$28,348.00
	GLP HEZ	2	\$11,295.00
	PGCHEZ	1	\$3,027.00
	Total	19	\$86,051.00

HEZ Capacity: Recruitment Incentives

Number of Loan Repayment Assistance Awards, by HEZ and by Year

HEZ	2013	2014	2015	2016	Total by HEZ
CCC	0	1	2	1	4
GLP HEZ	0	0	0	1	1
PGCHEZ	0	0	0	0	0
WBPCAC	3	2	2	7	14
Total by Year	3	3	4	9	19

HEZ Reach: Patients and Patient Visits

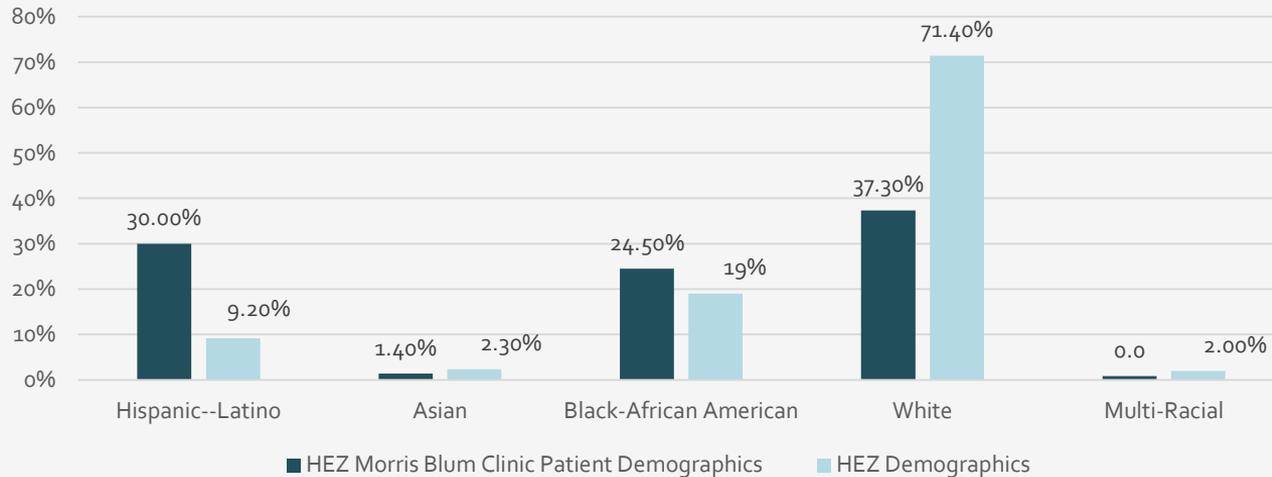
Number of Patients and Patient Visits, by HEZ

Patient Totals as of Y4Q4	Patient Visits	Number of Patients
WBPCAC	210,951	132,857
PGCHEZ	76,399	46,842
GLP HEZ	23,534	4,539
CCC	27,087	6,098
ACHP	8,366	4,871
TOTAL	346,337	195,207

Patient visits are unduplicated within but not across quarters.

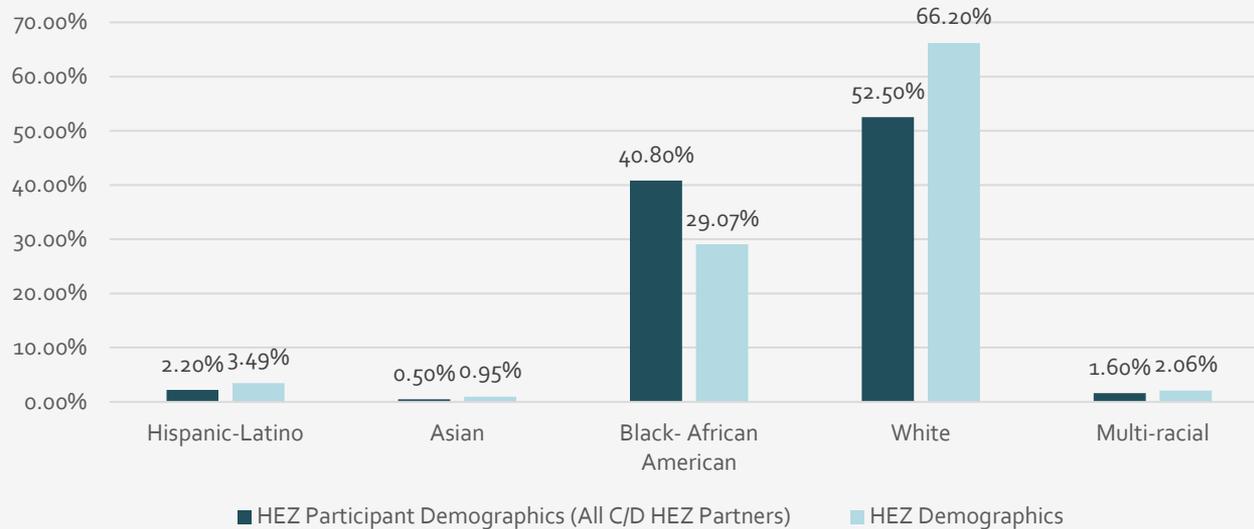
HEZ Reach: Patients and Patient Visits

Race and Ethnicity of Morris Blum Clinic Patients and Regional Demographics from October 1, 2015 to March 31, 2017



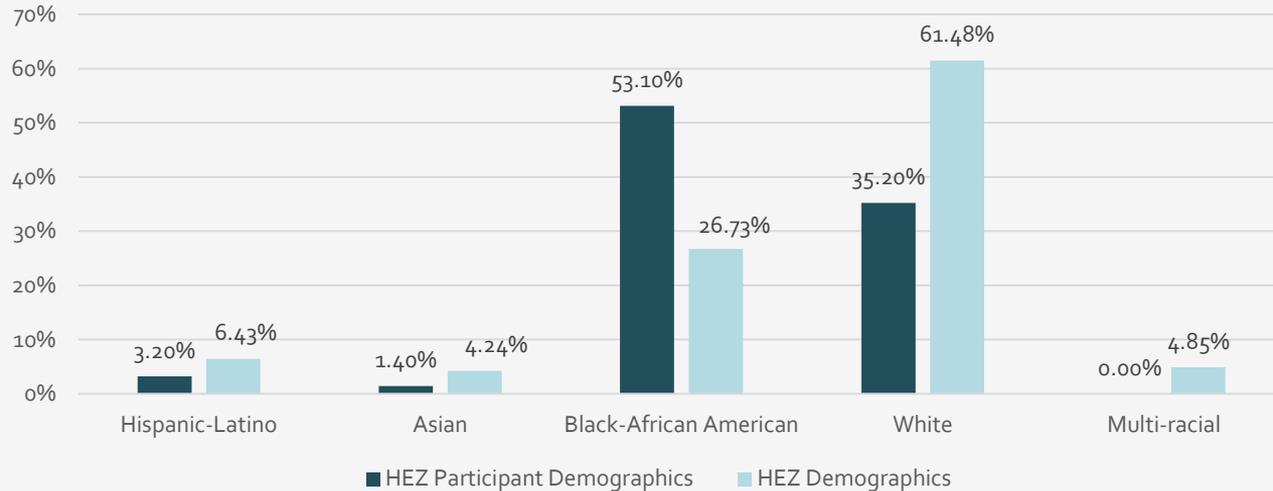
HEZ Reach: Patients and Patient Visits

Race and Ethnicity of Participants at CCC HEZ Sites and Regional Demographics from October 1, 2015- March 31, 2017



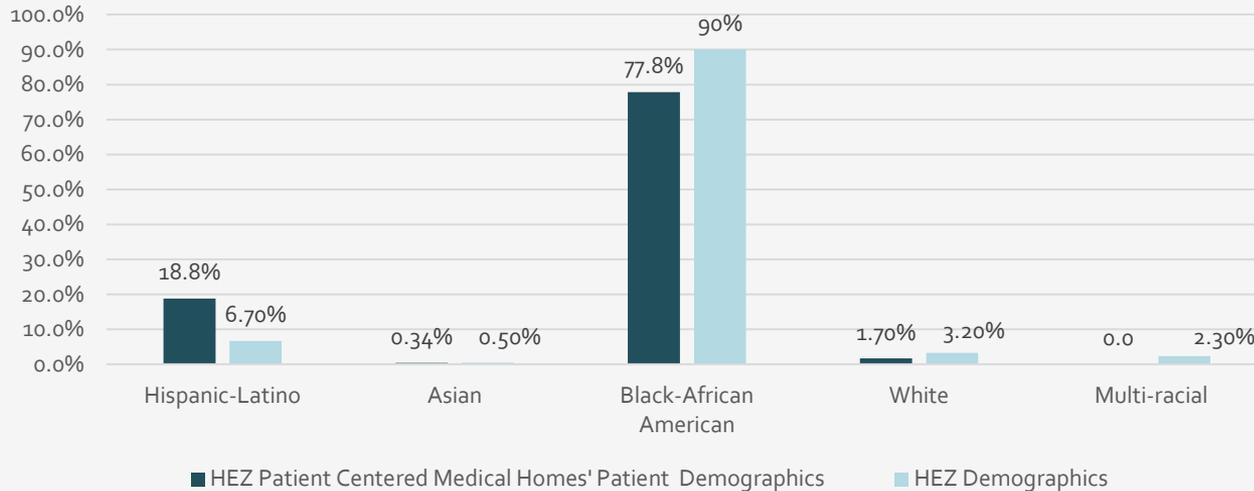
HEZ Reach: Patients and Patient Visits

Race and Ethnicity of a Sample of GLP HEZ Participants and Regional Demographics from October 1, 2015 to March 31, 2017



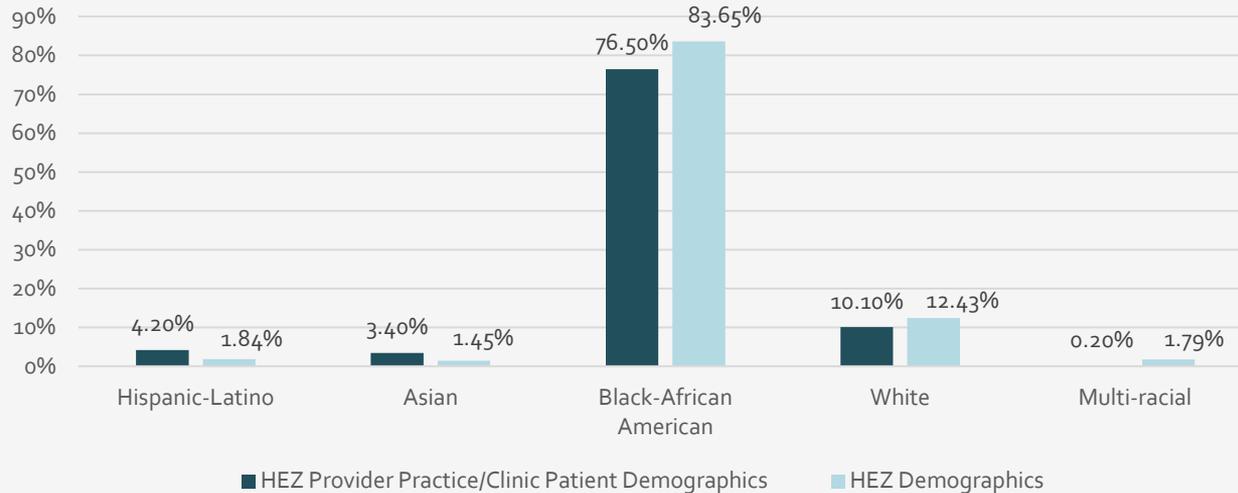
HEZ Reach: Patients and Patient Visits

Race and Ethnicity of Patients Served at PGCHEZ Primary Care Medical Homes and Regional Demographics from January 1, 2016- March 31, 2017



HEZ Reach: Patients and Patient Visits

Race and Ethnicity of Patients Served at WBPCAC Clinics/Practices and Regional Demographics from October 1, 2015 to March 31, 2017



HEZ Reach: Self-Management Supports

AACHP	Initiative Total
Blood pressure screening participants	1,284
Diabetes self-management program	82
Healthy lifestyle activities	410
Community health events	1,225
Smoking cessation workshops	573
CCC	
CHW Screenings	1,316
Maryland Healthy Weighs	635
Dri-Dock Peer Recovery	244
Chesapeake Voyagers Peer Recovery	291
GLP HEZ	
Rides on HEZ Mobile Medical Route	17,554
Medical specialty rides	738
PGCHEZ	
Wellness Plans created for Global Vision patients	1,495
Wellness Plans created for Greater Baden patients	1,187
Wellness Plans created for Gerald Family Care patients	291
Completed client resource connections	15,956
WBPCAC	
Stanford Disease Management Program	590
WB CARE Fitness Program	4,618
Passport to Health program	6,588

HEZ	Care Coordination Participant Totals
ACHP	268
CCC	430
GLP HEZ	2,085
PGCHEZ	1,213
WBPCAC	2,046

Lessons Learned

- Community integrator organizations leading diverse, multi-stakeholder coalitions with common agenda and shared data
- Tailored models: high impact, evidence-based practices
- Innovation
- Incorporate equity into the design of the initiative
- Balance between community and provider focused interventions
- Planning year - refine strategic plans, develop relationships and performance measures
- More than additional provider care
- Timing – leveraging new incentives in the health care system

Lessons Learned

- Importance of health literacy, social marketing and other patient engagement efforts
- Identifying experts
- More flexible recruitment and retention incentives
- Early sustainability planning
- 4 years is not long enough
- Importance of understanding and accounting for a community's history and underlying structural, social and system factors
- Policy and advocacy efforts

Remaining Questions

- HEZ effectiveness in different contexts – understanding neighborhoods, hospital-based versus local health department-based HEZs, rural versus urban and suburban settings, more versus less mature coalitions?
- Hospital-based versus community-based care coordination programs?
- Role of policies and the policy environment in public health outcomes?
- Effectiveness of the tax credit and loan repayment incentives enabled by the Act to bring economic development principles to public health?
- The role of trust and social capital?
- Cost effectiveness of HEZs? For whom?
- The most effective role for government?

Effective Public Health Program Implementation

- Innovation to develop and inform the evidence base for action
- Technical package of priority, evidence-based interventions
- Effective performance management
- Partnerships and coalitions
- Communication for stakeholder engagement and behavior change
- Political commitment
- Timing

